

This is a sample of what your post activity survey might look like.

IAFN Post Activity Survey

Please answer the questions below.

We also need the summative evaluation for this event (a summary/compilation of the comments/ratings on the learners' completed evaluation forms). Do not send the learners' individual evaluations.

Click here to upload the summative evaluation.

1. Assigned IAFN Application

2. Date this activity was held.

3. What was your target audience (RN, Interprofessional)?

4. Did your target audience include forensic nurses?

Yes

No

5. Total number of participants.

SAMPLE

6. Enter total number of contact hours offered upon completion.

7. What changes will you make based upon the learners' evaluations of the activity? (Please answer this question as if the activity were to be repeated).

8. Were you satisfied with IAFN's Approver Unit application process?

- Yes
- No

9. What changes would you recommend to improve IAFN's Approver Unit application process?

Thank you for contributing to nursing professional development.

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